

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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27		1				
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47		2				
48		2				
49		2				
50		2				
TOTAL IND.		2		2		
TOTAL DEP.		44		44		
TOTAL CLAIMS		46		46		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		2		2		
TOTAL DEP.		44		44		
TOTAL CLAIMS		46		46		